CITY of MADEIRA BEACH Building Department Permit Extension Affidavit



I,(please print name, b	business & license #, if applicable)	
	nt or Homeowner hereby request a time extension	on for
Permit number & issue date of:		
Address:		
•		
(To be reviewed for appro	roval by the City of Madeira Beach - Building Official - AHJ)	
	nd/or more extensions of time for additional periods not	
Per the City of Madeira Beach—City Ordinance Se	e requested in writing and justifiable cause demonstrated.	
All approvals of applications, plans and specification	ions and permits issued thereon, shall expire by limitation six months but this limitation shall not apply when work thereunder had been sta	from the
	ity, but in no event for a period longer than one year from the original	
On title to all Asherondo do amount		
Certificate of Acknowledgement State of Florida		
County of Pinellas		
On(date)	_, before me,(notary)	_
	**	
reisonally appeared,	(signers)	
Personally known to me —or—		
Produced	as identification, and did not take an oath,	
Witness my hand and official seal this _	day of, 20	
_		
	Signature of Notary	
PERMIT AFFIDAVIT: I certify that all the fo compliance with all applicable laws, codes at	foregoing information is accurate and all work will be com and ordinances regulating construction and zoning requiremen	npleted in nts.
X		
Signature of Property Owner / Contr	tractor/ Agent / Date	